ILLINOIS DEPARTMENT OF LABOR

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Print Form

EMPLOYMENT OF ILLINOIS WORKERS ON PUBLIC WORKS ACT COMPLAINT FORM

COMPLAINANT INFORMATION

NAME: _____ TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE # _____ FAX # _____ OTHER # _____

CONTRACTOR/PROJECT INFORMATION

NAME OF COMPANY: _____

OWNER: _____ ☐ GENERAL CONTRACTOR ☐ SUB-CONTRACTOR

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE # _____ FAX # _____ OTHER # _____

PROJECT/CONTRACT NUMBER: _____ COUNTY: _____

LOCATION OF PROJECT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

IS WORK CURRENTLY BEING DONE NOW? ☐ YES ☐ NO IF NO, ENTER TIME COMPLETED: _____

DATE OF SITE VISIT(S): _____

NATURE OF PROJECT: _____

NUMBER OF WORKERS OBSERVED: _____ CLASSIFICATIONS: _____

DESCRIBE WORK BEING PERFORMED, LABOR CLASSIFICATIONS, AND INFORMATION THAT THE WORKERS ARE NON-ILLINOIS RESIDENTS. (Use additional page if needed)

PUBLIC BODY INFORMATION

PUBLIC BODY: _____ ADMINISTRATOR: _____

ADDRESS: _____

CITY: STATE: ZIP CODE: _____

DAY PHONE # FAX # OTHER # _____

SUPPORTING DOCUMENTATION

EMPLOYEE NAMES, CONTACT INFORMATION, AND INTERVIEWS SHOULD BE SUBMITTED WITH THIS FORM WHENEVER POSSIBLE
PLEASE CHECK THE BOX IDENTIFYING THE INFORMATION SUBMITTED WITH YOUR CLAIM

☐ EMPLOYEE INTERVIEWS
☐ PROJECT MANAGER REPORTS
☐ CHECK STUBS
☐ BIDDING REPORTS
☐ OTHER
☐ PICTURES/VIDEO
☐ PUBLIC BODY DOCUMENTS MINUTES FROM MEETINGS
☐ SECRETARY OF STATE
☐ CORPORATE SEARCH
☐ NEWS ARTICLE(S)

Signature: _____ Date: _____